

PRENTISS (D.W.)

THE MEDICAL SOCIETY

OF THE

DISTRICT OF COLUMBIA.

ANNUAL ADDRESS OF THE PRESIDENT,

DECEMBER 16th, 1891.

BY

D. W. PRENTISS, M. D.



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FELLOW MEMBERS OF THE MEDICAL SOCIETY:

I begin my address to-night with congratulations—congratulations to myself for the honor of being your President during the present year ; and congratulations to you for the prosperity of the Society.

As to myself, I feel most deeply the honor which you have conferred upon me by making me your presiding officer and I heartily thank you for it.

It is the highest honor which it is in the power of the Medical Profession of the District of Columbia to confer, and for myself I look upon it as the crowning honor of my professional life.

It used to be a saying in ancient times “See Rome and die.” I will not go quite so far as to say “Be President of the Medical Society and die”—but if a



Doctor in the District of Columbia must die I am sure he could not choose a better time for his reputation and his memory than when he is President of this organization.

It would not, however, make the office popular—were it the rule that your Presiding Officer should “Shuffle off this mortal coil” during his incumbancy—nor do I believe in such a case would competition be as great as it now is.

I have, therefore, good reason for self-congratulation. And while thus referring to matters personal, I will say further that in administering the office I have tried to be entirely impartial, with favor towards none, and if it should have appeared different to any member I assure him that my intention was the best.

I congratulate you, Fellow Members, on the prosperous condition of the Society and its constantly increasing usefulness. This is evidenced by the larger average attendance and by the number and character of the papers read before the Society.

There have been read thirty-one essays, and presented twenty-nine pathological specimens with histories; and it goes without saying that no member could hear these essays read and cases reported without being in some way benefited. For myself I do not believe I ever attended a meeting of the Society without profit. Either I have learned something new—or have had called to mind something which had been forgotten. Then, also, the mere meeting of other Doctors—and hearing their views—tends to more liberal feelings and broader views on our own part.

If it were more generally understood by our one hundred and eighty-eight members how valuable an educator this Society is it seems certain that the attendance would be larger.

One of the most useful improvements in our methods during past years has been the sending of postal-card notices of the meetings, with the names of the essayists and subjects, which has been so faithfully carried out by our energetic Corresponding Secretary. This works for good in several ways. It keeps every member reminded that the Society is alive, and posted of what is going on, even if he does not attend the meetings. It is a stimulus to the workers to do more work, because they know that their papers will be bulletined to all their fellow members.

Many members never attend a meeting. This card keeps them informed of what is going on and makes them feel that their yearly subscription is not in vain.

There has been an increase of sixteen in the membership during the year.

It has been the misfortune of the Society to lose six members during the year by death. I inscribe their names in this address that we may do honor to their memory on the present occasion:

DR. J. O. STANTON.

DR. E. CARROLL MORGAN.

DR. J. F. MAY.

DR. R. G. MAUSS.

DR. P. J. MURPHY.

DR. GIDEON S. PALMER.

The number of members at beginning of year was	172
Number elected during the year	24
Total	196
Number dropped	2
Number died	6
	— 8
Total now on roll	188
Number of applicants rejected	10

There are still many physicians in the District of Columbia who are not members; who are eligible and who ought to be members. It is the interest of such individuals to join with us and it is the interest of the Society to encourage them to come in. Let us, each one, examine the list of members and acquaint ourselves with the names of such Doctors as are without the fold. Then, if opportunity offers, or make an opportunity, and urge all such physicians to come forward. There is a misunderstanding on the part of many as to the supposed difficulty of becoming members, and possibly the pathway *is* more difficult than necessary. It hardly seems necessary, for instance, after all other requirements are complied with, that names shall only be proposed for membership twice annually.

Under present law candidates can only be proposed at a stated meeting in January or July and be voted on only at the first regular meeting in April or October following. This is unnecessarily restricted, not liberal, and is really an obstacle in the way of membership. If

a candidate does not know this law, or from any cause, fails to get in his application at one of the stated meetings, he must wait six months before he can apply, or nine months before he can be elected ; thus he is debarred from the privileges of the Society for nine months. This is discouraging and, I am sure, is often the cause of physicians, entirely desirable, remaining out of the Society. What is the remedy ?

What I would suggest is that the law be modified so that applications for membership may be received at the first meeting of each month and voted on not earlier than four weeks thereafter, due notice of both application and proposed vote being sent to each member.

However, it is desirable that the membership be increased by the election of all eligible candidates, and all legitimate steps to this end will, I am certain, be approved, most of all, by the faithful custodian of our exchequer.

Another cause for congratulation is to be found in this very desirable place of meeting in which we now are, which, with the cheerful and convenient surroundings I am sure all of us appreciate.

All of us are interested to promote the prosperity and influence not only of this Society but also of the Medical Profession at large.

I have made some suggestions as to the prosperity of the Society and of its value to the members. There is one ambition which, if it can be realized, will greatly enhance not only our dignity as a Society but also the influence of the Medical Profession in the community. I refer to the importance of owning a home of our own,

by buying a lot and putting up a building especially designed for the purpose, to be known by a distinctive title. The establishment of such a "local habitation and a name" would identify us with the material interests of the community and add to the influence of the Medical Profession. Can it be done? I say yes.

Medical Societies in other cities own their homes—most notably the "Academy of Medicine" of New York.

A short description of the New York Academy of Medicine building will not be out of place and may serve to arouse slumbering ambition.

The building is probably the most complete of its kind in the world owned by a Medical Society. It covers a plot of ground 75 by 100 feet; has a basement, four full stories and two half stories; an assembly hall, 45 by 57 feet; conversation and smoking room, 26 by 36 feet; five rooms for meetings of sections; four toilet rooms; eight rooms for committee meetings; anterooms; apparatus or specimen rooms and rooms for private study; library, 37 by 43 feet; 60,000 volumes and pamphlets and nearly all medical journals of the world; three reading rooms; laboratory and microscope room; banquet hall, 28 by 31 feet; kitchen and storage rooms, making in all 33 rooms.

The total cost was about \$190,000; of the building alone \$140,000. This amount was raised in the following manner:

Sale of old building	- - - - -	\$60,000
By subscriptions and donations	- - - - -	\$95,000
Leaving an indebtedness of	- - - - -	\$35,000

I mention with pleasure the names of the donors—all honor to their liberality: Mrs. Celine B. Hosack

\$70,000 upon condition that some portion of the building be named for her husband, Dr. Alexander Hosack; and Mrs. Charles Woerishofer \$25,000 through Dr. Jacobi, the President of the Academy.

These figures are appalling to our modest little Society, but it must not be supposed that even the New York Academy of Medicine reached this pinnacle of grandeur by one stride. On the contrary this Society lived for thirty-three years in hired quarters, just as we and our predecessors have done for yet these fifty-three years past.

Eleven years ago they bought their first home which was sold for \$60,000 to help build the present one.

Does not this sale of their first home call to mind an effort which was made by our Medical Society to secure a Medical Hall of its own twenty-five years ago? A property was bought on F street at the corner of Tenth, at a cost of about \$25,000, now worth \$250,000. It is greatly to be regretted that the project did not succeed. If it had, this Society could now afford to rival even the magnificent structure of the New York Academy of Medicine.

"Of all sad words of tongue or pen"

"The saddest are these, it might have been."

But we will not cry over the "spilt milk."

In this case it is not too late to mend, although the golden opportunity was allowed to slip through our fingers. There yet remains property to be purchased which in twenty-five years may increase in value even as that above referred to has increased.

I have said that such a move on the part of the Medical Society would not only advance its immediate interests, but would aid in bringing the Medical Profession before the public in the best light.

Again, referring to the New York Academy of Medicine its object was stated at the laying of the cornerstone to be "the cultivation of medical science and the promotion of public health."

Ex-President Grover Cleveland, in an address upon the same occasion among other appropriate remarks, said: "I am here to claim for the laymen, among your fellow citizens, a part of the pride which grows out of the progress and achievements of our Medical Profession."

Such words indicate that the spirit of progress shown by the Medical Profession in New York is appreciated by all classes of citizens. As a matter of fact the citizens of New York are proud of the new home of its Doctors, and justly so, since it is the finest of the kind to be found in this, and possibly in any other country.

I hope I have demonstrated to your satisfaction the desirability and necessity of a Medical Hall for this Society which shall be its own property. I have demonstrated it to my own satisfaction at least.

But can it be accomplished? I say yes. *It can be; it ought to be; it must be.* But how? "Aye, there's the rub." It is not within the scope of this address to go into details of a plan which would have to be worked out by a committee appointed for the purpose.

But it will not be out of place to give a brief outline. If a dozen organizations, clubs and Societies in

Washington, most of them with smaller membership and less influence, can do this thing certainly we can.

The plan by which it is done is usually by issuing stock secured upon the property and bearing interest. It must first be determined what amount shall be expended, say from \$25,000 to \$50,000. A modest home, with all appointments for the necessary wants of the Society, could be built for the former amount.

The principal wants are a lecture hall and a library room which would also serve as a committee room. But it would probably be necessary to provide for renting out a portion of the building to go towards paying expenses.

The beginning may be as modest as you please, but start the ball in motion. Once it is seen that we are in earnest, once a real beginning is made, there will be an inducement for bequests; and if the library is made worthy of the name, asking the pardon of our librarian, there is no doubt that physicians retiring from practice, or growing old, will send it their books. In New York one of the bequests for \$70,000 was by the widow of a physician, with the request that his memory be perpetuated by naming some portion of the building after him, and the main lecture hall was named the "Hosack Hall."

With a membership of one hundred and eighty-eight, certainly \$25,000 or even \$50,000 ought to be raised without much difficulty, especially when it is in the form of a safe 5 per cent. investment.

The present act of incorporation of the Society only allows the holding of property to the amount of \$6,000. This would have to be amended.

A lot 40 by 80 feet might be purchased in a convenient neighborhood a little away from business streets at \$3 per foot, making 3,200 feet at \$3, equals \$9,600. A building to cost \$10,000 would fill our present wants, making in round numbers \$20,000. This, at 5 per cent, would require \$1,000 a year interest, janitor and other expenses \$500, making in all \$1,500 expenses.

The building could be arranged with store and halls to bring in very nearly, if not quite, this amount in rent; and the income of the Society would easily meet all deficiencies.

Aside from the needs of the Society, property in a good neighborhood will, ten or twenty years from now, be worth many times its present value, when the Society can if it wishes sell and rebuild a home that will be an honor to the profession and to the city.

Having said so much upon the subject of Medical Hall I leave it for consideration, with the hope that the next President, in his annual address, will tell us that a lot has been purchased and the plans of construction are in the hands of a builder.

*Necessity of a Law regulating Medical Practice in
District of Columbia.*

Another subject of the greatest importance from a medical standpoint, is the necessity of an effective law governing the Practice of Medicine in the District of Columbia. This is a truly vital matter, often literally a matter of life or death to the community at large. It is, in fact, very much more in the interest of the public than of the Medical Profession. But it devolves on the

latter to take action to protect the public interest. No other class of citizens will take the necessary time and trouble.

This Society at the last session of Congress made strenuous efforts to have such a bill passed, but from pressure of other legislation and red tape it was not accomplished. But it must not be allowed to rest until the desired object is attained. Those members of Congress to whose attention it was called readily admitted the need of such a law and if pressed this winter it can be secured.

As illustrating the importance of a law regulating Medical Practice, a recent investigation by the Health Officer of the District disclosed the fact that "over one hundred so-called physicians were practicing in Washington without diplomas." And since the establishment of Examining Boards in neighboring States Washington has the name of being the "Mecca of Quacks."

There seems to be no remedy under existing laws. It is true that the act of incorporation of the Medical Society provides "that no person shall be allowed to practice medicine in the District of Columbia without having first obtained a license from said Society under a penalty of \$50 for each offense." But it is stated by Dr. Rauch (Illinois State Board of Health) in his report on "Regulations of the Practice of Medicine," in speaking of the District of Columbia, that this law is inoperative, which is the truth, though it shames me to say it.

The only other check on irregular practitioners is the registration at the Board of Health which is upon

diploma and without which they cannot sign death certificates. But this also is inoperative in consequence of the use of false diplomas; or even if they do not register, their victims can be certified by the coroner under the law, as dying without a medical attendant.

The various States are slowly but surely advancing their medical laws. There are now ten States and one Territory that have Boards of Medical Examiners to license practitioners on examination. Diplomas are not accepted except as a condition of examination. The following are the States:

Alabama, Florida, Minnesota, Wisconsin, New Jersey, New York, North Carolina, North Dakota, South Carolina, Virginia, State of Washington, and Indian Territory (Cherokee Nation).

Think of it, even the "Cherokee Nation of Indians" is more advanced than the Capital of the United States.

Most of the other States require diplomas to be registered in the clerk's office.

Maryland and West Virginia have laws pending. In Maryland last year the law was passed by the Legislature, but unfortunately was vetoed by the Governor for some supposed imperfection.

The only comfort the District of Columbia can find, is in the State of Connecticut. A physician recently wrote to the Board of Health of Connecticut for information as to the requirements of practice, and the following is an extract from the reply of the *Secretary of the State Board of Health of Connecticut*:

"Anybody can practice medicine in Connecticut; you do not need to register; you do not need a medi-

cal diploma ; you do not need to know the difference between opium and peppermint ; you do not, indeed, need to know anything.

" You can simply come here and live here and begin practice.

" The laws of Connecticut will sustain you in collecting fees for medical service if you render any you choose to call such.

" But if you wish to carry me or my trunk to the depot for pay you must get a license.

" If you peddle matches or peanuts you must get a license. If you collect swill from your neighbors to feed your pigs you must get a license.

" If you want to empty your cesspool you must get a license.

" But you can practice medicine in Connecticut without a license."

Such, gentlemen and ladies of the Medical Society is the condition of affairs in the Nutmeg State.

Are they any better in the District of Columbia? I am shamed to confess that they are not. The present laws are good enough for educated physicians who are good citizens at all times, but for the quack and pretender they are utterly useless.

The remedy lies in ourselves. If we push the matter before Congress this winter we can secure the necessary law for the protection of the community and the honor of the Profession.

Rights of Physicians before Courts of Law.

There is one other subject to which I will call your attention to-night, and that is, the confidential relation which exists between Doctor and patient, in regard to evidence before courts of law.

In court, the relations between lawyer and client, and clergyman and parishioner, are considered sacred. Information obtained under these relations, is not only not required under any circumstances, but is not admitted. If either violates professional confidence he is held up to reprobation; in the case of the lawyer also to punishment.

Some years ago an English advocate of high repute, was assigned by the court to defend a prisoner and declined to defend him on the ground that the prisoner had told him that he was guilty. The counsel was severely reprimanded for this breach of confidence and the judge ordered proceedings to be instituted to disbar him. He never pleaded another cause. His sin was looked upon as unpardonable.

It appears upon the face of it that the relations between physician and patient ought to be equally respected. In fact, of the three professions, the confidences of the Doctor should be the most sacred.

Those of the Law and of the Ministry are more often voluntary, while it is frequently necessary to confide in the Physician to save life itself.

The relations of the Doctor to his families are of the most sacred character and he comes to know secrets which, if divulged, would destroy the happiness of many persons.

"The competent Physician does not undertake to make cures where he knows nothing of the causes, and he may need to know the history of an ailment before he is able to determine the family to which it belongs, or the remedies available for its cure. He demands this, and in the mind of the patient the alternative to disclo-

sure may be, that he will be wrongfully or prejudicially treated. But the disclosure that may be of use to treatment, may be damaging otherwise, if placed before the public, or, if the lips of the physician are not sealed; the patient may elect to deceive him—rather than have his body cured at the expense of his liberty or of his reputation." *Cooley on Torts, page 620.*

It is a sad and well known fact that this confidence is not sufficiently respected by courts of law and many instances have occurred where the Physician has been summarily ordered to testify under penalty of contempt of court.

At the opening of the meeting of the American Medical Association in this city last Spring, Commissioner Ross, of the District of Columbia, delivered the address of welcome and I was proud to hear him, a layman, refer to this subject and urge upon the Association, concerted action to secure recognition of the rights of Physician's before courts of law.

The ruling of courts in different States upon the subject is so various that each court is a law unto itself. The States of New York, Michigan, Iowa, Indiana and Missouri—have statutes covering evidence of Physicians and Clergy.

It is a matter of great importance that Physicians should know their rights, such as they are, and be firm in upholding them.

The following extracts I take from the address of the Hon. David McAdam, Judge of the New York Superior Court, delivered before the New York Society of Medical Jurisprudence. Judge McAdam says.

"There are cases to which, it is much to be lamented, the law of privilege is not extended, those in which

medical persons are obliged to disclose the information which they acquire by attending in their professional character. This point was much considered in the Duchess of Kingston's case, in which Sir C. Hawkins, who had attended the Duchess as a medical person, made the objection himself, but was over-ruled and compelled to give evidence against the prisoner.

"In Greenough vs. Gaskell, Lord Brougham, while stating the rule to be limited to legal advisers, observed that "certainly it may not be very easy to discover why a like privilege has been refused to others, especially medical advisers.

"So that, notwithstanding all the reasons that may be urged against it, the rule is established: a medical attendant is without privilege even as to communications made to him by his patient.

"A reason for the distinction may be, to the legal mind, that secrets revealed by the client are by communication, while secrets revealed to the Doctor are those made visible by disease.

"The secrets disclosed to the lawyer might never have been revealed, but for the seal of confidence imposed by the law. The patient's condition is made apparent by causes over which he has no control and which he has no power to conceal. The patient may make disclosures to his physician concerning his past life which should not be made public. He may implicate the innocent. He may affect the family. He may make statements bearing on their right to obtain insurance moneys, or operating to break a last will and testament. The disclosures, if made public, may invite and foster litigation. At all events, the dangers, whatever they might be, arising from the relation of Doctor to patient, were effectually dispelled by the passage of a statute in New York State providing that 'a person duly authorized to practice physic or surgery. shall not be allowed to disclose any information acquired

in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity.' " (Code, Sec. 834.)

In Totten Administrator vs. The United States, 92 U. S.
Page 107.

The court uses this language :

"It may be stated as a general principle, that public policy forbids the maintenance of any suit in a court of justice, the trial of which would inevitably lead to the disclosure of matters which the law itself regards as confidential, and respecting which it will not allow the confidence to be violated. On this principal, suits cannot be maintained which would require the disclosure of the confidence of the confessional, or those between husband and wife, or of communications by a client to his counsel for professional advice, or *of a patient to his physician for a similar purpose*. Much greater reason exists for the application of the principle to cases of contract for secret services with the government, as the existence of a contract of that kind is itself a fact not to be disclosed." Justice Field delivered the opinion of the court.

"In Hewitt vs. Prime (21 Wend. 77) it was held that a physician consulted by a defendant as to the means of producing abortion, is not privileged from testifying to the fact, for the reason that the information given was not essential to enable him to prescribe for patient.

"But where an abortion has already been produced and a physician is called in, he cannot disclose the information thus acquired in his professional capacity. (People vs. Murphy, 101 N. Y. 126.)

"In Pierson vs. The People (79 N. Y. 424) the prisoner was accused of causing the death of W. the deceased, by poison. A physician who was called in to see W. when sick from the poison and who examined

and prescribed for him, was asked as a witness for the prosecution to state the condition in which he found W. both from his own observation and from what W. told him. This was objected to, on the ground that the evidence was prohibited by the statute. The court overruled the objection and the witness stated what he learned from his own examination of W. made in presence of his wife and the prisoner and from their statements."

The Court of Appeals held :—

1. That there was nothing of a confidential nature in anything he so learned and that the evidence was competent.
2. That the object of the statute prohibiting the disclosure of professional information acquired by a physician in attending a patient is to protect the patient, not to shield one charged with his murder.

"A physician accused of producing an abortion may, in defense, prove the true state of the facts and may disclose all he has discovered or ascertained in regard to the patient. The statute has always been construed so as to advance, not defeat the course of justice.

"In Sloan vs. N. Y. Cent. R. R. Co. (45 N. Y. 125) the plaintiff, a young lady, sued the road for damages resulting from negligence. On trial, her physician was examined and described her condition. On cross-examination the physician was asked whether plaintiff had venereal disease while under his treatment. The question was objected to and excluded. The Court of Appeals held that the decision was correct, as the physician could not be required to disclose such knowledge. A verdict of \$12,000 was awarded.

"Physicians are required by law to report contagious diseases and to state the true cause of death in death certificates. This is so by special statute and the gen-

eral law must yield to it. But if called upon in a court of justice to testify to the cause of death, unless in defense of his certificate, the physician is by the general law excused from testifying.

"In the famous Burdell murder case and the Cunningham bogus baby, Dr. Mott was called upon to attend the lady. He discovered the fraud, informed the police, and the attempt to foist a bogus heir as claimant to the Burdell estate was frustrated. The Doctor's testimony was taken in the interest of public justice and to punish crime, but the Medical fraternity never took kindly to Dr. Mott after that. He was called to account for his unprofessional conduct, and nothing but the vigorous support of the press, his age and high standing in the profession saved him from censure and condemnation by the fraternity.

"This case also points a moral, that Doctors who desire to keep their reputations unsullied must avoid doubtful cases and notorious characters, or their reputations may be smirched by the association."

Judge McAdam closes the excellent address from which I have quoted, with the following remarks, which, since they are from high authority, I will give in his own words:

"Let me say to my medical friends: be true to the ethics of your profession, preserve and keep inviolate the secrets of your calling. It is a learned and honorable profession—keep it so.

"If called upon to testify, assert the privilege of declining to answer accorded by law and do not, by word or act, violate the spirit of the statute which is in accord with public policy and sympathy.

"If the court overrules the objection you assert and the privilege you claim, obey the court and let the responsibility rest there.

"The court must decide whether the ground of your privilege is well taken; it has the power to enforce

obedience to its command and if it errs, its error will be corrected by an appellate tribunal."

It is only the patient that can waive the seal of secrecy, if living. If he be dead, the Physician's lips are sealed forever.

I will only add that cases might arise in which the Physician would be justified in declining to answer even at the command of the court. This would mean contempt of court, with fine and imprisonment. But, if to answer the question would blacken the honor of a family, the physician must take the punishment and look to the Profession and the Public for justification.

Now, in closing, I wish to appeal to the members of the Society to attend its meetings. Make some sacrifice to do so. It is worth your while and it will add to the interest and prosperity of the Society.

Also observe and take notes of your cases and when you have anything of interest, or anything rare, or any pathological specimens, bring them here.

To the younger members, I say, you need not be timid about reading papers—they will always be received kindly and with pleasure.

And now, finally—

I thank you for your patient attention tonight and and beg again to express appreciation of the honor of having been your President in 1891.

To my successor I wish as pleasant and profitable incumbency as has been my privilege.

